

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BS</i>	<i>10385</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>EFF</i>	<i>60035</i>	<i>5/10/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	Original 1/16/00 7/6/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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46	✓✓
47	✓✓
48	✓✓
49	✓✓
50	✓✓

Claim	Date
51	Final Original 1/16/00 7/6/01
52	✓✓
53	✓✓
54	✓✓
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57	✓✓
58	✓✓
59	✓✓
60	✓✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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